



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
**BOARD OF FUNERAL SERVICES**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

**APPLICATION FOR FUNERAL DIRECTOR LIMITED LICENSURE  
INSTRUCTION SHEET**

**What is Limited Licensure?**

Funeral Director Limited licensure is available only to funeral directors validly licensed by another jurisdiction (U.S. state, possession, territory or District of Columbia) provided that the jurisdiction where he or she is licensed grants a similar privilege to Delaware-licensed funeral directors ([24 Del. C. §3108](#)). **Delaware currently has limited licensure agreements only with the States of Maryland and Pennsylvania.**

Funeral Director Limited licensure allows the licensee to:

- make a removal of a dead human body in Delaware
- return the body to another state or country
- return dead bodies from another state or country to Delaware for final disposition
- complete the family history portion of the death certificate
- sign the death certificate in his or her capacity as a licensed funeral director
- execute any other procedures necessary to arrange for the final disposition of a dead human body.

**Requirements for Limited Licensure Applicants**

- ☐ Submit completed, signed and notarized [Application for Funeral Director Limited Licensure](#).
- ☐ Enclose non-refundable [processing fee](#) for Funeral Director by check or money order made payable to "State of Delaware."
- ☐ Arrange for the Board office to receive verification of your *current* licensure as a funeral service practitioner in either Maryland or Pennsylvania, sent *directly* from each state to the Board office.
- ☐ If you have never been issued a United States Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
  - *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

**APPLICATIONS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY THE  
REQUIRED FEE WILL BE REJECTED.**



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1. Name: \_\_\_\_\_  
Last/Family Name First Middle
2. Other Name(s) Used: \_\_\_\_\_
3. Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Gender: Male ☐ Female ☐
4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: \_\_\_\_\_  
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
5. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip
6. Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_
7. Check the state(s) in which you hold a current license to practice funeral services: Maryland ☐ Pennsylvania ☐

**Arrange for the Board office to receive a license verification (also called a letter of good standing) sent *directly* to the Board office from each state checked above.**

**To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:**

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

**Applications that are not complete within six (6) months of filing may be considered abandoned and discarded.**

**Please note: When your application is complete, please allow 4-12 weeks to receive your license.**

**AFFIDAVIT**

The undersigned, having first been duly sworn (or affirms) according to law, states that he/she is the person who completed and signs this application, that the statements contained in the application are true, that he/she has not suppressed any information that might affect this application, that he/she understands that participating or cooperating in fraud or material deception in order to be licensed could result in the denial or revocation of the application or license and mandatory reporting of such actions to the Attorney General for further action, and that he/she has read and understands this affidavit.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of \_\_\_\_\_ County or City of \_\_\_\_\_

The applicant named above, being first duly sworn, deposes and says that he/she is the person who executed this application, that the statements in it are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2 \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

SEAL

My commission expires \_\_\_\_\_